

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

IRON MOUNTAIN INFORMATION
MANAGEMENT, INC.

SUMMONS IN A CIVIL CASE

V.

L&L TEMPORARIES, INC., FLEXIBLE FUNDING, LLC,
and THE UNITED STATES OF AMERICA THROUGH
THE INTERNAL REVENUE SERVICE

CASE NUMBER:

05 10979 DPW

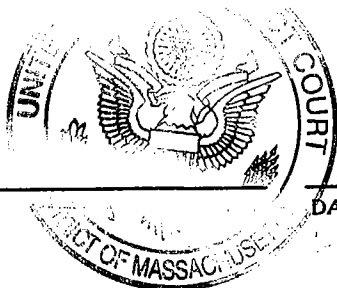
TO: (Name and address of Defendant) The United States of America through the Internal Revenue Service

① c/o Civil Process Clerk,
U.S. Attorney for the District
of Massachusetts
United States Courthouse - and -
1 Courthouse Way
Boston, MA 02210② c/o Attorney General of
the United States
950 Pennsylvania Avenue, N.W. c/o Internal Revenue
Washington, D.C. 20530-0001 Service
1 Montvale Avenue
Stoneham, MA 02180

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Larry L. Varn and Samuel A. Miller
SULLIVAN & WORCESTER LLP
One Post Office Square
Boston, MA 02109an answer to the complaint which is herewith served upon you, within sixty (60) days after service of this
summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for
the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable
period of time after service.

SARAH A. THORNTON



JUN - 9 2005

CLERK

DATE

(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 6/15/05
NAME OF SERVER (PRINT) Leonard Milligan	TITLE Process Server

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): Served personally upon Ilona Ferrara
accepting of the Civil Process Clerk for the U.S. Attorney for
Massachusetts

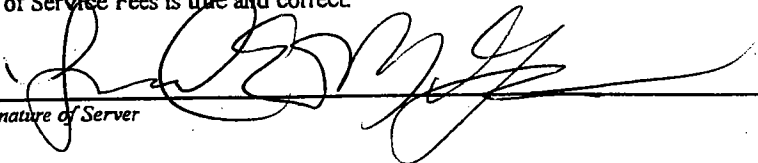
STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 6/15/05
Date


Signature of Server

6 Beacon Street, Boston, MA 02108
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE June 16, 2005
NAME OF SERVER (PRINT) Jill LeBlanc	TITLE Process Server

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): By sending copies via United States Postal Service Certified Mail to Attorney General of the United States, 950 Pennsylvania Ave., N.W., Washington, D.C. 20530-0001. See attached receipts.

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
--------	----------	-------

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on June 16, 2005
Date

Jill LeBlanc
Signature of Server

6 Beacon St., Boston, MA 02108
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. Postal Service[®]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

WASHINGTON DC 20530

Postage	\$ 3.13	UNIT ID: 0009
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.18	

Sent To **Attorney General of US**
 Street, Apt. No., or PO Box No. **950 Pennsylvania Ave NW**
 City, State, ZIP+4 **Washington DC 20530-0001**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Attorney General of
 the United States
 950 Pennsylvania
 Ave., N.W.
 Washington, DC 20530-0001**

2. Article Number

(Transfer from service label)

7005 0390 0006 3993 1151

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X*[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

JUN 21 2005

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE June 16, 2005
NAME OF SERVER (PRINT) Jill LeBlanc	TITLE Process Server

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): By sending copies via United States Postal Service Certified Mail to Internal Revenue Service, 1 Montvale Ave., Stoneham, MA 02180. See attached receipts.

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on June 16, 2005 Jill LeBlanc
Date Signature of Server

6 Beacon Street, Boston, MA 02108
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

STONEHAM, MA 02180

Postage	\$ 3.13	UNIT 0009 Mik Boston MA #6 Postmark Here Clerk: KSJWC USPS 021-3
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.18	06/16/05

Sent To: **Internal Revenue Service**
 Street, Apt. No., or PO Box No.: **1 Montvale Avenue**
 City, State, ZIP+4: **Stoneham, MA 02180**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature x <i>CT Bergman</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Internal Revenue Service 1 Montvale Ave. Stoneham, MA 02180</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7005 0390 0006 3993 1182 182</p>	